



## Shared Isolation and Quarantine Guidance for Behavioral Health Hospitals and Units

January 5, 2021

COVID-19 is a highly transmissible disease that spreads primarily by respiratory droplets and, to a lesser extent, by air and fomites.

Evidence shows that quarantining people exposed to COVID-19 controls transmission of the virus. The Rhode Island Department of Health (RIDOH) recognizes that people quarantining in behavioral health hospitals and units should not share rooms, but limited hospital capacity, particularly in behavioral health facilities and units, is creating significant adverse health outcomes. Behavioral health patients are currently quarantining in emergency departments or acute care hospital beds or are delaying needed treatment due to the limited availability of behavioral health beds.

RIDOH is issuing this guidance for behavioral health hospitals and units as the healthcare system navigates the challenge of allowing admissions while minimizing the spread of COVID-19.

### Shared Room Use

RIDOH permits the following when admissions are backlogged, which is when established thresholds for new admissions exceeds established guidelines:

- **Isolation:** Any combination of positive patient(s) in the facility and positive patient(s) discharged from an acute care hospital or a behavioral health unit in the same hospital or another hospital can share a room with each other in the facility if both cases are within 90 days of their positive test result or the date of symptom onset if they had symptoms. Both residents must be asymptomatic when sharing a room. If either develops symptoms, they must be separated immediately.
- **Quarantine:** If resources allow, patients in quarantine should each have a separate room. Effective January 5, 2021, new admissions who are quarantining can also share a room, but they should:
  - Have a point-of-care rapid test upon admission **and**
  - Have testing at days 4-5, 9-10, and 14.

If at any point if a patient quarantined in a shared room becomes symptomatic, the patients must immediately be separated.

Note that people who have recovered from COVID-19 who were admitted to an acute care hospital and discharged to a behavioral health hospital or unit do not need to quarantine in the 90-day window after their initial test date or the date of symptom onset if they had symptoms.

Hospitals should make efforts to ensure that patients sharing semi-private rooms stay apart as much as possible, wear masks when they are within six feet of each other, use hand sanitizer whenever appropriate, and limit the use of shared objects.

If a patient tests positive, they should immediately be moved out of the shared room. If that patient shares a bathroom with others, the bathroom should be cleaned after each time the positive patient uses it. The patient who shared the room with the positive patient should begin a new 14-day quarantine period from the time of the last exposure.

These guidelines are linked to [data on RIDOH's website](#).

The patients should be tested when quarantine ends and at all points of transfer or discharge from facilities.

The facility should set up stringent infection control procedures, such as placing a privacy curtain or another barrier between residents sharing a room and requiring staff to don and doff PPE when caring for each resident. Staff should also follow full PPE precautions between roommates to mitigate risks. The facility should also ensure adequate ventilation.

When the admissions backlog abates, and as soon as single rooms are again available to quarantine residents, the facility should place residents in a single room or separate observation area to monitor the resident for symptoms of COVID-19.

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